

METROPOLITAN TRANSPORTATION COMMISSION

Joseph P. Bort MetroCenter 101 Eighth Street Oakland, CA 94607-4700 TEL 510.817.5700 TTY/TDD 510.817.5769 FAX 510.817.5848 E-MAIL info@mtc.ca.gov WEB www.mtc.ca.gov

Application for Policy Advisory Council

The Metropolitan Transportation Commission (MTC) invites Bay Area residents to serve on its Policy Advisory Council (see fact sheet for more information). This committee advises MTC — the region's transportation planning and financing agency — on transportation and related policies in the San Francisco Bay Area, incorporating diverse perspectives related to the environment, the economy and social equity. Members will be appointed by the Commission for the term ending in July 2013. Please complete this application and return it to: MTC Public Information Office, 101 Eighth Street, Oakland, CA 94607-4700, Fax: 510.817.5848, or fill out the online application from MTC's Web site at **www.mtc.ca.gov**. For more information, call MTC Public Information at 510.817.5757.

Name
Last/First/Middle
Address
Street/Apt./Suite #
City/State/Zip Code
Work Address
Street/Suite #
City/State/Zip Code
☐ Please check this box if you are retired or not currently employed.
Telephone ()
Daytime Cell
F-Mail

	Name:	/Page 2
Questions with an asterisk (*) are re	quired.	
Ethnic Background (Optional Please select all that apply:	1)	
	Hispanic/Latino Native American/American Indian Other (please state):	
Are you over 18 years of age	?*	
□ Yes □ No		
What is your primary mode o	f travel	
For work?* Automobile Bicycle Carpool/Vanpool Public Transportation Paratransit Pedestrian Other:	For other activities?* Automobile Bicycle Carpool/Vanpoo Public Transport Paratransit Pedestrian Other:	tation
Membership Categories		
The Policy Advisory Council brings to environment, the economy and social	ogether diverse perspectives relating to	o the
Please indicate which vacano	cy you are applying for:*	
☐ At-Large, representing Economy	or Environment issues	
$\hfill\square$ Marin County, representing Disal issues	bled, Low-Income/Environmental Justic	ce or Senior
☐ San Francisco City & County, rep Justice or Senior issues	presenting Disabled, Low-Income/Envir	onmental
☐ Sonoma County, representing Di	sabled, Low-Income/Environmental Ju	stice or

Senior issues

Application for Economy or Environment Representative

interests busines	Please describe your experience and qualifications to represent economics. Examples include a professional or academic background in architectures, construction, engineering, freight, housing/real estate, labor, land ment or planning. (Use extra paper as necessary.)
environr in altern experier	ent: Please describe your experience and qualifications to represent mental interests. Examples include a professional or academic background ative modes of transportation or environmental issues, or advocacy nce with environmental, public transit, or bicycle and pedestrian issues. tra paper as necessary.)
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				Name:	 		_/Page	4
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Application for Disabled, Low-Income/Environmental Justice, Senior Representative

People with disabilities and seniors are encouraged to apply. Questions with an asterisk (*) are required.

Please indicate which category you believe you are qualified to represent. Select all that apply.*
☐ Disabled
☐ Low-Income/Environmental Justice
□ Senior
Disabled: Please describe your qualifications to represent people with disabilities. Include any professional, academic or community experience related to the transportation needs of people with disabilities. (Use extra paper as necessary.)
Senior: Please describe your qualifications to represent senior interests. Include any professional, academic or community experience related to the transportation needs of older adults. (Use extra paper as necessary.)

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Application for Disabled, Low-Income/Environmental Justice, Senior Representative (continued)

People with disabilities and seniors are encouraged to apply.

Env	Environmental Justice/Low-Income: Please describe your experience and qualifications to represent environmental justice interests or low-income communities. Examples include expertise or community experience related to the transportation needs of low-income residents or those residing in historically underserved communities. (Use extra paper as necessary.)						
	ase indicat	e if you hav	ve a disability.				
	Yes	□ No					
	ase indicat	e if you co	nsider yourself	a senior citizen.			
	Yes	□ No					

Reasons for Wanting to Serve Please type or print responses here. Use extra paper as necessary. Include your name on every page. Questions with an asterisk (*) are required.
Why do you want to serve as an advisor to MTC? What would you contribute to the Policy Advisory Council? Please describe any special skills, interests or knowledge of transportation you may have.*
Please explain your work (including volunteer work) within the community you wish to represent on the Policy Advisory Council (i.e., senior, disabled, low-income, economy, environment).*

Name: _____/Page 6

Reasons for Wanting to Serve (continued) Please type or print responses here. Use extra paper as necessary. Include your name on every page. Questions with an asterisk (*) are required.								
Please list me "none" below.	mberships in any associations or organizations. If none, please enter *							
								
-								
								
	rship positions you have held (such as chair, vice chair, elected board nd in which county. If none, please enter "none" below. *							
								
								
	ble to meet at MTC offices in Oakland on the second Wednesday of the 30 p.m 3:30 p.m.? *							
☐ Yes	□ No							
Do you have a July 2013? *	any time constraints or other challenges to serve through the term ending							
□ Yes	□ No							
If yes, please	describe							

Name: _____/Page 7

Employment/Education Backgr	round		
Please describe your employment and copy of your résumé/CV.	educational b	ackground.* You r	nay attach a
References			
List the names of at least two persons	who have kno	wn you for two yes	ers or more
Name Telephone		ss/Organization	Years Known
Previous Service			
Have you served on an MTC Advisory If yes, please indicate which committee		· -	No
 Minority Citizens Advisory Comm Elderly and Disabled Advisory C MTC Advisory Council (prior to A Policy Advisory Council (after Ma 	ommittee April 2010)	Years of Service Years of Service Years of Service Years of Service	
Signature			
I certify that the foregoing statements a	are true and co	omplete to the best	t of my knowledge.
Signature			 Date

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